

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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PRACTICAL APPLICATION OF HYDROTHERAPEUTIC MEASURES.—Dr. Charles S. Millet in an interesting paper on this subject in the *Boston Medical and Surgical Journal* advocates the application of cold and heat to the skin, the great organ of sensation, which contains so many blood-vessels it is said they will hold half the blood in the body. After indorsing cold sponging for the reduction of temperature he says: "The local application of heat and cold acts on the part treated in a similar manner as the full bath does on the whole body. If a joint or muscle is very hot, apply ice; but if the disease is of a subacute nature, and the circulation and function impaired, first apply heat, and then cold, perhaps with gentle friction. Ice is too often used to need more than a passing word. It is certainly the best substitute for opium, but should not be used constantly, because it will finally cause paralysis of the vasodilators. I do not think it is applied over the precordia with the frequency that it should be; placed here, its effect is exactly like digitalis; and the beauty of it is, that it acts with great rapidity, that it has no cumulative action, and that it does not disturb the stomach. In cases of collapse or shock, it is as important to put an ice-bag over the heart as it is to apply heat to the extremities; and how often is it done? Ice over the epigastrium will greatly relieve the thirst which follows abdominal operations."

THE URINE IN TYPHOID.—Dr. Frederick C. Shattuck in a letter to the editor of the *New York and Philadelphia Medical Journal* recommends the giving of from seven to ten grains of urotropin to typhoid patients three times a day two days in the week as a means of disinfecting the urine and preventing the spread of the disease.

STERILIZED WATER ANÆSTHESIA.—At a meeting of the New York Academy of Medicine Dr. Samuel Gaut presented a report on this subject. He had operated on minor cases—hemorrhoids, fistula, etc.—with marked success and an absence of bleeding which follows the use of cocaine or eucaine. Within thirty seconds he could completely anæsthetize the part. The injection is first made beneath the skin, causing a

sharp, stinging pain, lasting but a short time. The sterile water should be injected between the layers of the skin until a white line appears, showing the part to be insensitive. Dr. L. W. Lee believed the effect to be due to a paralysis of the terminal nerve filaments through mechanical pressure, and also by diminution of the circulation. There was no subsequent sloughing and much less pain after the operation.

CAUSES AND TREATMENT OF VOMITING IN PREGNANCY.—The *New York and Philadelphia Medical Journal* in a synopsis of a paper in the *Gazzette degli Ospedali e Delle Clinico* says: “Francesco employed valerian in the treatment of excessive vomiting in pregnancy, and reports two cases in which he was able to check the uterine reflexes which give so much trouble. In both instances valerian was given after numerous remedies had been tried, including morphine, both by mouth and rectum. He considers valerian in the form of an infusion, administered in an enema, as a very efficient remedy in excessive vomiting of pregnant women.”

LESIONS OF FORMALIN POISONING.—The *New York and Philadelphia Medical Journal*, quoting from the *Riforma Medica*, says: “Riggio studied the changes produced by formalin poisoning in various organs, a subject which has not received much attention in literature. He concluded that formalin is a poison which, when introduced into the body, either through respiration or subcutaneously, produces an intense congestion of the organs which eliminate it. This congestion may be so great that hemorrhages may be found in the liver, the kidneys, and the lungs. The further action of formalin shows it to be a cellular poison which produces degenerative changes in the liver-cells, in the cells of the convoluted tubules, and of the Henle’s loops in the kidneys, a more or less pronounced desquamation of the epithelium of the biliary canals in the liver, of the epithelium of the glomeruli of the kidneys, and of the epithelium lining the alveoli and bronchi of the lungs.”

SUBCUTANEOUS INJECTION OF OLIVE OIL FOR NUTRIMENT.—Keyes in the *Canadian Journal of Medicine and Surgery* reports the use of subcutaneous injections of olive oil in nine cases of pulmonary tuberculosis with the result of diminution of cough and night-sweats and increase in strength and weight. The injections were made over the shoulder-blades on successive days by means of an aspirating syringe, the piston being reversed with a thumb-screw. Twelve cubic centimetres were introduced on the first and second days, twenty-four on the third and fourth days,

forty on about the fifth day, and, unless unpleasant or inconvenient symptoms arose, the amount was gradually increased to the tolerance of the patient. Poorly nourished patients will, it is stated, sometimes assimilate as much as two hundred cubic centimetres daily. It is thought that the oil injected undergoes digestion, in part as a result of the activity of the blood, particularly the leucocytes.

DIET IN CHRONIC HEART DISEASE.—The *Medical Record* has an abstract of an article in the *Lancet* as follows: "Theodore Schott says the principal and fundamental rules may be conveniently summed up in the two clauses: (1) patients must avoid everything which excites the action of the heart, and (2) everything must be avoided which embarrasses the action of the heart. Under (1) he places strong coffee or strong tea and strong alcoholic liquors. The best beverages are by far ordinary water or milk; next in order comes tea or coffee, both with copious additions of milk. If patients need fatty material, cream should be given either plain or added to milk. Cocoa deprived of its fat is strongly recommended. With regard to the second rule given, patients should avoid that which would cause any considerable gastric distention and should eat nothing which is difficult of digestion or tends to produce flatulency. Too hearty eating or the ingestion of substances which produce flatulence may be harmful in three ways: (1) The diaphragm is pressed up against the lungs so that respiration is impeded and there is shortness of breath and dyspnoea. (2) The distended stomach also presses the diaphragm directly against the heart, displacing it in the direction of its base in such a way that its action can only be carried on with a greatly increased effort. (3) In like manner the intra-abdominal pressure is augmented and the abdominal vessels are compressed. For this reason effervescing beverages disagree with these patients. They should never eat until there is a feeling of repletion; small amounts of food should be taken at shorter intervals than three times a day. It is impossible to urge too strongly that sufferers from heart-disease always require a mixed diet. His experience led him to regard tobacco with especial disfavor. Exercise after eating is to be recommended, but it is quite essential that the individual characteristics of the patients should be studied and the treatment modified in correspondence with the symptoms."

CONTRACTILITY OF PLASTER-OF-PARIS.—Dr. J. Lorance Rugh states in *American Medicine* that plaster-of-Paris does not contract on setting, but expands very slightly. Sores from pressure cannot occur from the contraction of a plaster dressing.